

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Cropper, Dean E.
of:

Serial No.: 10/796,171

Art Unit: 3764

Filed: March 10, 2004

Examiner: Huong Q. Pham

For: Knee Orthosis and Orthotic
Method

Attorney Docket No.: CRP002

DECLARATION UNDER 37 C.F.R. § 1.131

United States Patent and Trademark Office
Customer Service Window, Mail Stop RCE
Randolph Building
401 Dulany Street
Alexandria, VA 22314

I, Dean E. Cropper, hereby declare that:

1. I am a citizen of the United States of America, residing at 1820 Green Meadows Way, Ashland, Oregon 97520].
2. I am the inventor of all of the claims of the above-identified United States patent application and inventor of the subject matter described and claimed therein.
3. Prior to March 29, 2002, I reduced to practice a preliminary version of my invention as described and claimed in the subject application in this country, a NAFTA country, or a WTO country, as evidenced by the following:
 - a. Prior to March 29, 2002, having earlier conceived the idea of providing an orthosis having a concentrated inward tracking strap used in conjunction with a medial



tracking strap to treat patellofemoral misalignment or pain, constructed a prototype, a photograph of which is attached hereto as Exhibit A.

b. Prior to March 29, 2002, I identified Ms. Kimberly Hoyt and Mr. Ron Schneizer, who each suffered patellofemoral pain, as potential test subjects. I instructed them as to the application of the above-referenced prototype and asked each of them, under my direction, to wear it accordingly, report their results, and return the prototype to me without payment, as evidenced by their pain-reduction surveys attached hereto as respective Exhibits B and C.

4. Each of the dates deleted from Exhibits A, B and C is before March 29, 2002.

5. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the above-identified application or any patent issuing thereon.

This statement is executed by the undersigned on the date opposite his signature:

Signature

Dean E. Cropper

Date: May 31, 2007

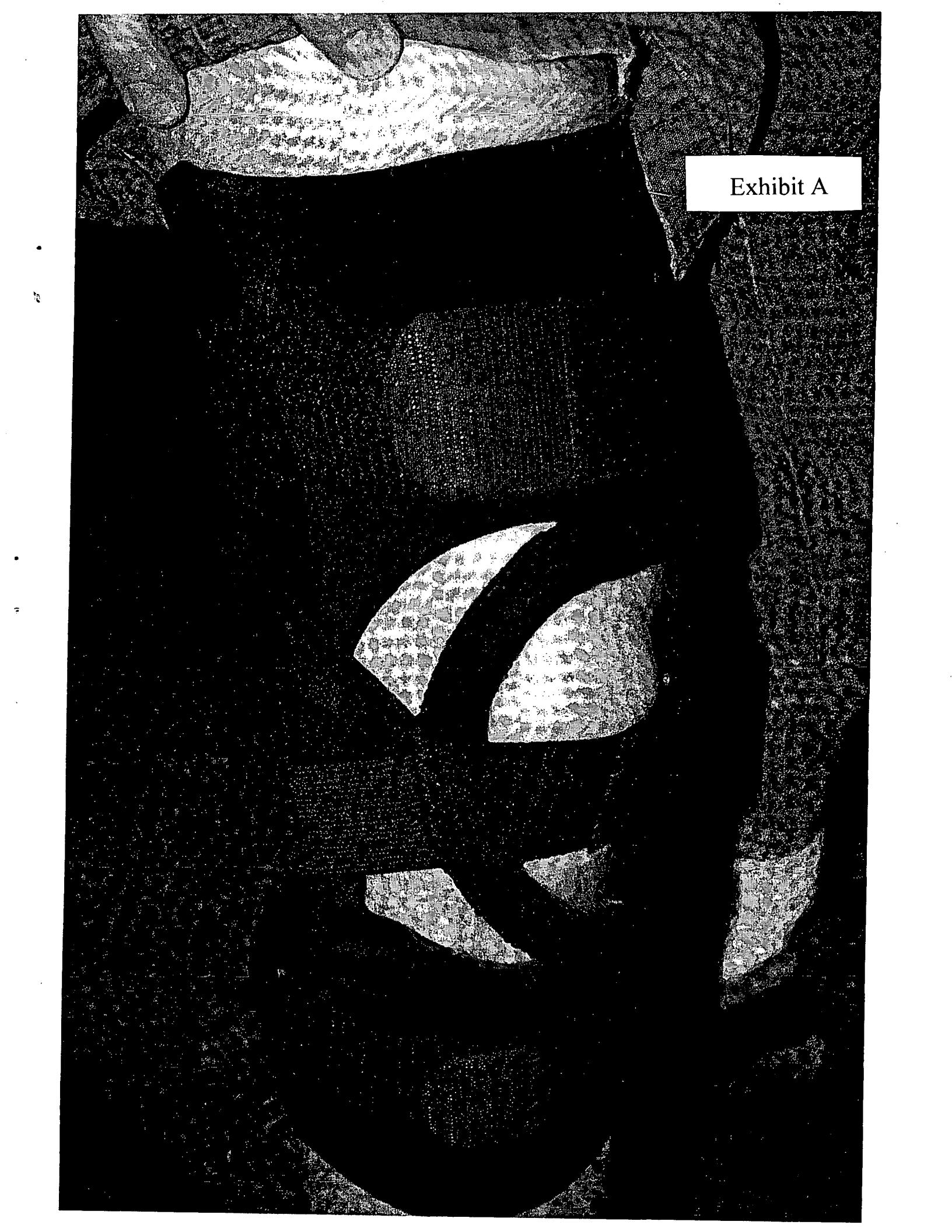


Exhibit A

QUESTIONNAIRE FOR Q LOC

Exhibit B

Date of Q Loc application [REDACTED]

Name Ron Schmidkirk

Address 538 Beary Lane

City medford State or Zip 52501 Phone 226-5024 or 535-8820

Female _____ Male X Height 5'8" Weight 122

Right Knee _____ Left Knee X

Date of injury and how did it occur:

none

Describe pain location:

most of the pain is under + top area of the patella and some on the left side

Rate the pain level 1 through 10 with 1 being no pain and 10 being high pain: (check applicable activity)

Resting	1 2 3 4 5 6 <u>7</u> 8 9 10
Walking	<u>1</u> 2 3 4 5 6 7 8 9 10
Stairs-up	1 <u>2</u> 3 4 5 6 7 8 9 10
Stairs-down	<u>1</u> 2 3 4 5 6 7 8 9 10
Running	1 2 3 4 5 6 <u>7</u> 8 9 10
Long periods of sitting	1 2 3 4 5 <u>6</u> 7 8 9 10
Other, list	1 2 3 4 5 6 7 8 9 10

Evaluate Ease of applying the Q Loc, 1 through 10, 1 easy and 10 complicated.

1 2 3 4 5 6 7 8 9 10

How effective is the Q Loc for reducing pain in the following activities,
1 eliminates all pain and 10 no change in pain level (check applicable activities).

Resting	1 <u>2</u> 3 4 5 6 7 8 9 10
Walking	<u>1</u> 2 3 4 5 6 7 8 9 10
Stairs-up	<u>1</u> 2 3 4 5 6 7 8 9 10
Stairs-down	<u>1</u> 2 3 4 5 6 7 8 9 10
Running	1 <u>2</u> 3 4 5 6 7 8 9 10
Long periods of sitting	<u>1</u> 2 3 4 5 6 7 8 9 10
Other, list	1 2 3 4 5 6 7 8 9 10

Additional remarks:

QUESTIONNAIRE FOR Q LOC

Exhibit C

Date of Q Loc application _____ - received brace

Name Kimberly Hoyt

Address 695 Mountain View Dr.

City Medford State OR Zip 97504 Phone 857-1123

Female X Male _____ Height 5'3" Weight 112 lbs.

Right Knee X Left Knee _____

Date of injury and how did it occur:

No injury

Describe pain location:

under knee cap mostly on the left side of cap

Rate the pain level 1 through 10 with 1 being no pain and 10 being high pain: (check applicable activity)

Resting	1 2 3 4 5 6 7 8 9 10
Walking	1 2 3 4 5 6 7 8 9 10
Stairs-up	1 2 3 4 5 6 7 8 9 10
Stairs-down	1 2 3 4 5 6 7 8 9 10
Running	1 2 3 4 5 6 7 8 9 10
Long periods of sitting	1 2 3 4 5 6 7 8 9 10
Other, list squatting	1 2 3 4 5 6 7 8 9 10

- snow skiing

- ballet

- sleeping in bent position

(4) (8)

when inflamed

Evaluate Ease of applying the Q Loc, 1 through 10, 1 easy and 10 complicated.

1 2 3 4 5 6 7 8 9 10

How effective is the Q Loc for reducing pain in the following activities,
1 eliminates all pain and 10 no change in pain level (check applicable activities).

Resting	1 2 3 4 5 6 7 8 9 10
Walking	1 2 3 4 5 6 7 8 9 10
Stairs-up	1 2 3 4 5 6 7 8 9 10
Stairs-down	1 2 3 4 5 6 7 8 9 10
Running	1 2 3 4 5 6 7 8 9 10
Long periods of sitting	1 2 3 4 5 6 7 8 9 10
Other, list squatting	1 2 3 4 5 6 7 8 9 10
snow skiing ballet	(4) (8)

Additional Remarks: In bent position

(4) (8)

*@ Hard to bend knee fully, best I didn't expect that from a brace.

*@ During Ballet my knee felt better with the brace but afterward my knee was still sore.